


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47202</b>	
1. Entity Name AMERICAN ASSOCIATION OF PEDIATRIC PLASTIC SURGEONS, INC.	

Principal Place of Business 801 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603-3301	Mailing Address 801 W. DR. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603-3301
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3132787	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  HABAL, MUTAZ B. 801 WEST DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603-3301	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>000000250494 03/04/05-80012-014 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HABAL, MUTAZ B 801 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 336033301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALYER, KENNETH E 801 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 336033301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARSONS, ROBERT 801 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 336033301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SADOVE, A. MICHAEL 801 W. DR. MARTIN LUTHER KING JR., BLVD. TAMPA, FL 336033301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	March 1, 2005 (813) 238-0409
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>